

AUG 31 2005

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Comments:

Attorney Docket: 577122000200
 Group Art Unit: 1654
 Examiner: B. Chism
 Serial No.: 09/719,889
 Filing Date: Int'l. - June 18, 1999
 Inventor(s): Earl R. OWEN et al.
 Title: METHOD OF TISSUE REPAIR II

Papers attached:

1. Transmittal (1 page)
2. Executed Revocation of Power of Attorney with New Power of Attorney (1 page)
3. Executed Statement Under 37 CFR 3.73(b) (1 page)
4. Certificate of Registration of Change of Name to Avastra Ltd. from Astravia Ltd. (1 page)
5. Executed Assignment to Astravia Ltd. (8 pages)

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SD-277008

PAGE 1/13 * RCVD AT 8/31/2005 9:39:13 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-6/25 * DNIS:2738300 * CSID:858 720 5125 * DURATION (mm-ss):04-26

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/719,889
		Filing Date	Int'l. - June 18, 1999
		First Named Inventor	Earl R. OWEN
		Art Unit	1654
		Examiner Name	B. Chism
Total Number of Pages in This Submission	13	Attorney Docket Number	577122000200

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Executed Statement Under 37 CFR 3.73(b) (1 page) Certificate of Registration of Change of Name to Avastra Ltd. from Astravia Ltd. (1 page) Assignment to Astravia Ltd. (8 pages) Fax Cover Sheet (1 page)
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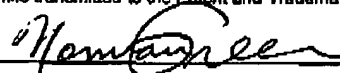
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Printed name	Gregory P. Einhorn		
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sd-277996